

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

6736
6737
6347
6348
0000
2510
7001

Postage	\$	C-1-01-751
Certified Fee		DOCS. 77978
Return Receipt Fee (Endorsement Required)		Postmark Here
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To Shirley A. McClure
Street, Apt. No.;
or PO Box No. 1290 Villa Park
City, State, ZIP+4 Amelia, OH 45102